

## AMENDED

**CHAPTER 13 PLAN**  
**UNITED STATES BANKRUPTCY COURT**  
**SOUTHERN DISTRICT OF MISSISSIPPI**

Debtor: Betty Darling SSN: XXX-XX-1089  
 Joint Debtor: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_  
 Address: 215 Hills of the Valley  
Vicksburg, MS 39180

CASE NO. 17-03530  
 Median Income: ☐ Above ☒ Below

**THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured and priority debts must be provided for in this plan.**

**PAYMENT AND LENGTH OF PLAN**

The plan period shall be for a period of 60 months, not to be less than 36 months for below median income debtor(s), or less than 60 months for above median income debtor(s).

- (A) Debtor shall pay \$ 740 (☒ monthly, ☐ semi-monthly, ☐ weekly, or ☐ bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

Vicksburg Catholic School  
1900 Grove Street  
Vicksburg, Mississippi 39180

- (B) Joint Debtor shall pay \$ \_\_\_\_\_ (☐ monthly, ☐ semi-monthly, ☐ weekly, or ☐ bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRIORITY CREDITORS.**

Filed claims which are not disallowed are to be paid in full or as ordered by the Court as follows:

Internal Revenue Service: \$ 5266.04 at \$ 88 /month  
 Mississippi Dept. of Revenue: \$ \_\_\_\_\_ at \$ \_\_\_\_\_ /month  
 Other/\_\_\_\_\_: \$ \_\_\_\_\_ at \$ \_\_\_\_\_ /month

**DOMESTIC SUPPORT OBLIGATION. DUE TO:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

POST PETITION OBLIGATION: In the amount of \$ \_\_\_\_\_ per month beginning \_\_\_\_\_.  
 To be paid ☐ direct, ☐ through payroll deduction, or ☐ through the plan.

PRE-PETITION ARREARAGE: In the total amount of \$ \_\_\_\_\_ through \_\_\_\_\_ which shall be paid in the amount of \$ \_\_\_\_\_ per month beginning \_\_\_\_\_.  
 To be paid ☐ Direct, ☐ through payroll deduction, or ☐ through the plan.

**HOME MORTGAGES.** All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party in interest, the plan will be amended consistent with the proof of claim filed herein, subject to the start date for the continuing monthly mortgage payment proposed herein.

Mtg pmts to <u>Ditech Mortgage</u>	Beginning <u>10/01/2017</u>	@ \$ <u>472.14</u>	<input checked="" type="checkbox"/> Plan <input type="checkbox"/> Direct
Mtg pmts to _____	Beginning _____	@ \$ _____	<input type="checkbox"/> Plan <input type="checkbox"/> Direct
Mtg pmts to _____	Beginning _____	@ \$ _____	<input type="checkbox"/> Plan <input type="checkbox"/> Direct

Mtg arrears to <u>Ditech Mortgage</u>	Through <u>09/21/2017</u>	\$ <u>5091.09</u>	@ \$ <u>85</u> /mo
Mtg arrears to _____	Through _____	\$ _____	@ \$ _____ /mo
Mtg arrears to _____	Through _____	\$ _____	@ \$ _____ /mo

Debtor's Initials B.D.

Joint Debtor's Initials \_\_\_\_\_

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**MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM:**

Creditor: \_\_\_\_\_ Approx. amt. due: \_\_\_\_\_ Int. Rate: \_\_\_\_\_  
 Property Address: \_\_\_\_\_ Are related taxes and/or insurance escrowed ☐ Yes ☐ No

Creditor: \_\_\_\_\_ Approx. amt. due: \_\_\_\_\_ Int. Rate: \_\_\_\_\_  
 Property Address: \_\_\_\_\_ Are related taxes and/or insurance escrowed ☐ Yes ☐ No

**NON-MORTGAGE SECURED CLAIMS.** Creditors that have filed claims that are not disallowed are to retain lien(s) pursuant to 11 U.S.C. § 1325(a)(5)(B)(i)(I) until the payment of the debt determined as under non-bankruptcy law or discharge. Such creditors shall be paid as secured claimants the sum set out below or pursuant to other order of the Court. The portion of the claim not paid as secured shall be treated as a general unsecured claim.

CREDITOR'S NAME	COLLATERAL	910* CLM	APPROX. AMT. OWED	VALUE	INT. RATE	PAY VALUE OR AMT. OWED
<b>One Main Financial</b>	<b>Personal Property</b>		<b>650</b>	<b>1000</b>	<b>5</b>	<b>AMT. OWED</b>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\* The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

**SPECIAL CLAIMANTS** including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay \$0.00 on the secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

CREDITOR'S NAME	COLLATERAL	APPROX. AMT. OWED	PROPOSED TREATMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STUDENT LOANS** which are not subject to discharge pursuant to 11 U.S.C. §§ 523(a)(8) and 1328(c) are as follows (such debts shall not be included in the general unsecured total):

CREDITOR'S NAME	APPROX. AMT. OWED	CONTRACTUAL MO. PMT.	PROPOSED TREATMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SPECIAL PROVISIONS** which may apply to any or all payments to be paid through the plan, including, but not limited to, adequate protection payments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL UNSECURED CLAIMS** total approximately \$ 5378. Such claims must be timely filed and not disallowed to receive payment as follows:        IN FULL (100%), 40 %(percent) MINIMUM, or a total distribution of \$                     , with the Trustee to determine the percentage distribution. Those general unsecured claims not timely filed shall be        paid nothing       , absent order of the Court.

Total attorney fee charged: \$ 2000  
 Attorney fee previously paid: \$ 210  
 Attorney fee to be paid in plan: \$ 1790

The payment of administrative costs and aforementioned attorney fees are to be paid pursuant to Court order and/or local rules.

Automobile Insurance Co/Agent

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_

Attorney for Debtor (Name/Address/Phone/Email)

**Kimberly Nailor**

**1415 First North Street**

**Vicksburg, MS 39180**

Telephone No. **601-619-2391**

Facsimile No. **601-619-2387**

Email address **kim@kimmnailor.com**

DATED: **09/21/2017**

DEBTOR'S SIGNATURE

/s/ Betty Darling

JOINT DEBTOR'S SIGNATURE

ATTORNEY'S SIGNATURE

/s/ Kimberly Nailor